

**NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATIONS**

Revised 01/21/05

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Mississippi Department of Health is required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices for your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at MDH, please contact:

Mississippi Department of Health
Privacy Officer
570 East Woodrow Wilson Drive
Jackson, Mississippi 39216
(601) 576-7400

I. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Require Your Prior Written Consent. We may use and disclose your PHI with your consent for the following reasons:

1. Treatment.

We may use and disclose PHI to physicians, nurses and other health care personnel who provide you with health care services or are involved in your care. For example, if you receive medical treatment from one health department facility we may disclose your PHI to a referring health department facility for continuity of care.

2. Payment.

We may use and disclose PHI to obtain payment for services that we provide to you. For example, disclosures to claim and obtain payment from your health insurer, HMO or other company that arranges or pays the cost of some or all of your health care to verify that Your Payor will pay for health care. You should be aware if you are not the policy holder, certain information may be disclosed to the policy holder by the insurance carrier.

3. Health Care Operations.

We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost

effectiveness of care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI to our administrative staff to conduct medical reviews, needs assessment, and to check quality control of services available.

B. Certain Uses and Disclosures Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence.
2. For public health activities. For example, we report information regarding communicable diseases such as tuberculosis.
3. For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization
4. For immunization information only. To the patient, parent, legal custodian/guardian, care giver, other provider (private or public), the patient's school or the patient's day care facility.
5. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. For specific government functions. We may disclose PHI of military personnel and veterans in certain circumstance. And we may disclose PHI for national security purposes.
7. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation law and other similar legally established programs.
8. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about test results or treatment alternatives.
9. Deceased person information. We may disclose your PHI to coroners, medical examiners and funeral directors.
10. Research. We may disclose your PHI to researchers doing research that has been approved by MDH.
11. Program officials may verify information provided to this agency. This will include but is not limited to Social Security Administration match processing.

- C. All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described above, we will ask for your written authorization before using or disclosing PHI. If you choose to sign an authorization to disclose your PHI, you can revoke that authorization in writing to stop any future uses and disclosures.

II WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or others who may be involved in your care. Your request will be considered; however, there are instances required by law that would prohibit the restriction of PHI. (Refer to Section **I-B**).
- B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by other alternative means. We must agree to your request so long as we can easily provide it in the format you requested.
- C. The Right to See and Get Copies of Your PHI.** You have the right to look at or get copies of your PHI that we have. Under federal law you may not inspect or copy the following records: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to PHI. In addition, state and federal laws protect portions of a minor's medical record and will not make those portions available to the parent or legal guardian

If you or a third party request copies of your PHI, a reasonable fee shall be charged to cover clerical staff time and cost of paper. We will make every effort to minimize the cost to the patient.

- D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility. The list also will not include uses and disclosures made for national security purposes or law enforcement personnel, or before April 14, 2003.
- E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (a) correct and complete, (b) not created by us, (c) not allowed to be disclosed, or

(d) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to ask that your original request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the changes to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. Changes to this Notice of Privacy Practices

MDH reserves the right to change this Notice at any time in the future, and to make the new provisions effective for all information that is kept on file, including information that was created or received prior to the date of such change. Until such change is made, MDH must comply with this notice. If we change this Notice, we will post the new notice in waiting areas and on our internet site at www.HealthyMS.com and have copies available upon your request.

G. Complaints

You have a right to file a complaint about this “Notice of Privacy Practices” or how MDH handles your PHI. Complaint forms are available in each county clinic and should be submitted to:

a) the HIPAA Representative in the corresponding county clinic; or

b) Mississippi Department of Health
Privacy Officer
570 East Woodrow Wilson Drive
Jackson, Mississippi 39216

If you are not satisfied with the manner in which this office handles a complaint, you may file a complaint to:

Region IV Office of Civil Rights
US Department of Health and Human Services
61 Forsyth Street SW, Suite 3B70
Atlanta, Georgia 30323
(404) 562-7886